Appendix B - Vikings Korfball Club incident reporting form

| Value name | Nome of experiention. | |
|---|---|--|
| Your rale: | Name of organisation: | |
| Your role:: | | |
| Contact information (you): Address: | Postcode: | |
| Telephone numbers: | Email address: | |
| Child's name: | Child's date of birth: | |
| Child's name. | Crilid's date of birtin. | |
| Child's ethnic origin: | Does child have a disability: | |
| Please state | Please state | |
| | | |
| | | |
| Child's gender: | | |
| □ Male . | | |
| □ Female | | |
| Parent's / carer's name(s): | | |
| Contact information (parents/carers): | 5 | |
| Address: | Postcode: | |
| Telephone numbers: | Email address: | |
| Have parent's / carer's been notify of this incider | t? | |
| □ Yes | | |
| □ No | | |
| If YES please provide details of what was said/a | ction agreed: | |
| | | |
| Are you reporting your own concerns or recogni | ling to concerns raised by company class | |
| Are you reporting your own concerns or respond | ling to concerns raised by someone eise: | |
| ☐ Responding to my own concerns | ana alaa | |
| ☐ Responding to concerns raised by some | | |
| If responding to concerns raised by someone els | se. Please provide further information below | |
| Name: | | |
| | | |
| Position within the apart or relationship to the ob- | ilde | |
| Position within the sport or relationship to the ch | ild: | |
| , , , , , , , , , , , , , , , , , , , | | |
| Telephone numbers: | ild: Email address: | |
| Telephone numbers: Date and times of incident: | | |
| Telephone numbers: Date and times of incident: Details of the incident or concerns: | Email address: | |
| Telephone numbers: Date and times of incident: Details of the incident or concerns: Include other relevant information, such as desc. | | |
| Telephone numbers: Date and times of incident: Details of the incident or concerns: | Email address: | |
| Telephone numbers: Date and times of incident: Details of the incident or concerns: Include other relevant information, such as desc. | Email address: | |
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| Telephone numbers: Date and times of incident: Details of the incident or concerns: Include other relevant information, such as described this incident as fact, opinion or hearsay. | Email address: | |
| Telephone numbers: Date and times of incident: Details of the incident or concerns: Include other relevant information, such as described this incident as fact, opinion or hearsay. | Email address: | |
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| Telephone numbers: Date and times of incident: Details of the incident or concerns: Include other relevant information, such as described this incident as fact, opinion or hearsay. Child's account of the incident: | Email address: ription of any injuries and whether you are recording | |

| Please provide details of any witnesses to the incident: Name: | | | |
|---|---------------------------------------|--|----------|
| Position within the clu | ub or relationship to the child: | | |
| Date of birth (if child). | : | | |
| Address: Telephone number: | | Postcode: Email address: | |
| | s of any person involved in this | incident or alleged to have caused the inc | cident / |
| Position within the clu | ub or relationship to the child: | | |
| Date of birth (if child). | : | | |
| Address: Telephone number: | | Postcode: Email address: | |
| Please provide details of action taken to date: | | | |
| | | | |
| Has the incident been reported to any external agencies? | | | |
| □ Yes □ No | · · · · · · · · · · · · · · · · · · · | | |
| If YES please provide | e further details: | | |
| Name of organisation | | | |
| Contact person: | | | |
| Telephone numbers: | | | |
| Email address: | | | |
| Agreed action or advice given: | | | |
| | | | |
| | | | |
| Your Signature: | | Print name: | |
| Date: | | | |

Contact the Club Welfare Officer, Esther McLeish, in line with Vikings Korfball Club reporting procedures. esthermcleish@hotmail.com 07757667422

If this is not possible, contact England Korfball's Designated Safeguarding Lead, Hannah Stockley, on 07917388173 or Hannah.stockley@englandkorfball.co.uk